

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 03/09/2023
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 495193	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED R-C 03/01/2023
NAME OF PROVIDER OR SUPPLIER HENRICO HEALTH & REHABILITATION CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 561 NORTH AIRPORT DRIVE HIGHLAND SPRINGS, VA 23075		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
{F 000}	INITIAL COMMENTS An unannounced Medicare/Medicaid revisit to the abbreviated survey conducted 01/18/2023 through 01/26/2023, was conducted on 03/01/2023. Corrections are required for compliance with 42 CFR Part 483 Federal Long Term Care Requirements. No complaints were investigated during the survey. The census in this 120 certified bed facility was 117 at the time of the survey. The survey sample consisted of 5 resident reviews (Residents #101-105).	{F 000}			
{F 755} SS=D	Pharmacy Srvc/Procedures/Pharmacist/Records CFR(s): 483.45(a)(b)(1)-(3) §483.45 Pharmacy Services The facility must provide routine and emergency drugs and biologicals to its residents, or obtain them under an agreement described in §483.70(g). The facility may permit unlicensed personnel to administer drugs if State law permits, but only under the general supervision of a licensed nurse. §483.45(a) Procedures. A facility must provide pharmaceutical services (including procedures that assure the accurate acquiring, receiving, dispensing, and administering of all drugs and biologicals) to meet the needs of each resident. §483.45(b) Service Consultation. The facility must employ or obtain the services of a licensed pharmacist who- §483.45(b)(1) Provides consultation on all aspects of the provision of pharmacy services in the facility.	{F 755}		3/21/23	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Electronically Signed

03/09/2023

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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{F 755}	<p>Continued From page 1</p> <p>§483.45(b)(2) Establishes a system of records of receipt and disposition of all controlled drugs in sufficient detail to enable an accurate reconciliation; and</p> <p>§483.45(b)(3) Determines that drug records are in order and that an account of all controlled drugs is maintained and periodically reconciled. This REQUIREMENT is not met as evidenced by: Based on staff interview and clinical record review the facility staff failed to provide physician ordered medications for 2 of 5 sampled residents (Resident #102 and 105).</p> <p>The findings include:</p> <p>1. For Resident #102, the facility staff failed to provide physician ordered Gabapentin on 03/01/2023.</p> <p>Resident #102 was a new admission to the facility. A review of Resident #102's clinical record showed an order for Gabapentin 300 milligrams two times a day.</p> <p>A review of Resident #102's Medication Administration Record showed that the Gabapentin was not given on 03/01/2023 at 9am.</p> <p>On 03/01/2023 at approximately 1:36pm, an interview was conducted with Employee B. Employee B stated that the medication was not given and that the facility had identified this an issue during their audits.</p>	{F 755}	<p>The facility sets forth the following plan of correction to remain in compliance with all federal and state regulations. The facility has taken or will take the actions set forth in the plan of correction. The following plan of correction constitutes the facility's allegation of compliance. All alleged deficiencies cited have been or will be corrected by the date or dates indicated.</p> <p>F755 Pharmacy SRVS/Procedures/Pharmacist/Records</p> <p>1. For Resident #105, the physician was notified medication not administered on 02/28/2023 and medication was administered on 3/1/2023 per physician order. For Resident #102, the medication was obtained and administered on 03/01/2023.</p> <p>2. Current residents in the center have the potential to be affected. An audit of residents receiving Gabapentin and Levothyroxine was conducted to verify receiving per physician order.</p> <p>3. The Staff Development Coordinator or designee will educate all the licensed nurses on the process for obtaining</p>		

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{F 755}	<p>Continued From page 2</p> <p>2. For Resident #105, the facility staff failed to provide physician ordered Levothyroxine on 02/28/2023.</p> <p>A review of Resident #105's clinical record show that Resident #105 had an order for Levothyroxine 112 micrograms one time a day.</p> <p>A review of Resident #105's Medication Administration Record showed that the Levothyroxine was not given on 02/28/2023 at 6am.</p> <p>On 03/01/2023 at approximately 1:36pm, an interview was conducted with Employee B. Employee B stated that the facility had identified this an issue during their audits.</p>	{F 755}	<p>unavailable medication and administering the medications per physician orders.</p> <p>4. The unit manager or designee will review documentation of clinical record weekly to verify residents receiving and/or new order for Gabapentin have a hard script and are administered per physician order and residents receiving Levothyroxine are administered per physician ordered weekly x 4 then monthly 2 months. Once the QAPI committee reviews the findings and determines the medications are administered per physician orders. The reviews will be completed on a random basis. The Administrator or Director of Nursing are responsible for implementation of the plan of correction.</p> <p>5. Date of compliance 3/21/2023</p>		